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Box | | | | | | | | | | | | | | | | | | | | | | | |  | | City | | | | | | | | | | | | | | |  | | | Zip Code | | | | | | | | |  | | | County | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | states that the assigned Hull Identification Number (HIN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | will be affixed | | | | | | | |  | |  | | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  | | to the owner’s boat according to the requirements mandated by the United States Coast Guard and Water patrol | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | (33CFR 174.16(b) through 181.23-29). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  |  | |  | | |  | |  | |  | |  | | Signed | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | First Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |  | Second Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Subscribed and attested before me on this date | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | / |  | | | | / |  | | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  |  |  | | |  |  | |  | |  | |  | |  | | | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | | MM | |  | DD | | | |  | YYYY | |  | | |  | | |  | | |  | | |  | | |  | | |  |  |  | | |  |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  | | |  | | |  | | |  | | |  | | |  |  | |  | | |  | |  | |  | |  | |  | | Signature and Title of Attesting Official or Notary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  | | |  | | |  | | |  | | |  | | |  |  | |  | | |  | |  | |  | |  | | My commission #: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | My commission expires | | | | | | | | | | | | | |  | | | | | | / | |  | | | / |  | | | | | | | . | |  | |  | | | |  | |  | |  | |  |  |  |  | | | | | | | | | | | | | | | | | |  | | |  | | |  |  |  | | |  | | |  | | |  | | | | | |  | |  | | |  |  | | | | | | |  | |  | |  | | | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  |  | |  | | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  |  | |  | | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  |  | |  | | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  |  | |  | | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  |  | |  | | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  |  | |  | | |  | |  | |  | |  | |